

# The Response to Anthrax: A Quick Guide

Updated November 15, 2001

## Numbers to call for consultation

- **24 hours a day, 7 days a week**
  - ◆ ND Department of Health, Division of Disease Control: **1.800.472.2180**
  - ◆ Centers for Disease Control and Prevention: **404. 639.2468**
  - ◆ United States Postal Service, 24-hour Command Center: **651-293-3200**

## North Dakota

- 67 samples have been submitted for anthrax testing to the North Dakota Department of Health. *Bacillus anthracis* has not been detected from 66 samples; one sample pending.
- No credible threats of anthrax exposure have been identified in North Dakota.

## Total number of anthrax cases in the United States as of November 7, 2001<sup>1</sup>

Location	Confirmed Cases	Suspected Cases	Total Cases	Types	Deaths
Florida	2	0	2	inhalational	1
New York	5	3	8	1 inhalational, 7 cutaneous	1
New Jersey/Pennsylvania	5	2	7	2 inhalational, 5 cutaneous	0
Washington D.C.	5	0	5	inhalational	2
<b>USA Totals</b>	<b>17</b>	<b>5</b>	<b>22</b>	<b>10 inhalational, 12 cutaneous</b>	<b>4</b>

<sup>1</sup> MMWR, 50(44), November 9, 2001

## Mail received from anthrax contaminated postal facilities<sup>2</sup>

- **Patients with/without symptoms**
  - ◆ Non-suspicious letters processed at known anthrax-contaminated postal facilities pose a very low risk of anthrax exposure to persons receiving this mail.
  - ◆ To date, NO cases of anthrax acquired in this manner have been identified.
  - ◆ Because of the low risk, the CDC is not recommending that persons be tested for anthrax or treated with antibiotics at this time solely if they have received mail from these facilities.

<sup>2</sup>Centers for Disease Control and Prevention. November 2, 2001.

## Screening<sup>3</sup>

- There are no approved screening methods for anthrax.
  - ◆ Nasal swabs are for epidemiological purposes only. They should **not** be used as the basis to determine preventive treatment.
  - ◆ CDC does not have sufficient scientific data to recommend the use of hand-held environmental assays (referred to as “Smart Tickets”).
  - ◆ CDC officially indicates they have not evaluated the Mayo Clinic anthrax DNA test.

<sup>3</sup>Response to Questions Raised by State Health Officers, CDC, October 15, 2001; CDC Health Advisory, October 18, 2001; CDC All States Conference Call, November 6, 2001.

## Diagnosis<sup>4</sup>

- Clinical evaluation based on symptomatology, risk, exposure
- Inhalational
  - ◆ Chest radiography
  - ◆ Blood, CSF and /or sputum culture
- Cutaneous
  - ◆ Vesicular fluid and/or blood

<sup>4</sup>Guidelines for State Health Departments, October 12, 2001

### **Preventive Treatment<sup>5</sup>**

- Doxycycline 100 mg BID X 60 days (Adults)  
**or**
- Ciprofloxacin 500 mg BID X 60 days (Adults)
  - ♦ Recommended **ONLY** if documented anthrax exposure or high likelihood of exposure.

<sup>5</sup>MMWR, 50(41), October 19, 2001

### **Treatment for Infection<sup>6</sup>**

- **Inhalational\***
  - ♦ Doxycycline 100 mg IV every 12 hours (Adults)  
**OR**
  - ♦ Ciprofloxacin 400 mg IV every 12 hours (Adults)  
**AND**
  - ♦ 1 or 2 additional antibiotics (rifampin, vancomycin, penicillin, ampicillin, chloramphenicol, imipenem, clindamycin, and clarithromycin)  
\*Change to oral antibiotics after improvement. Treat for **total of 60 days**.

- **Cutaneous**
  - ♦ Doxycycline 100 mg BID X 7-10 days (Adults) ♦
  - ♦ Ciprofloxacin 500 mg BID X 7-10 days (Adults) ♦
  - ♦ If risk of inhalational exposure, treat for a **total of 60 days**.

<sup>6</sup>MMWR, 50 (42); October 26, 2001

### **Susceptibility<sup>7</sup>**

- Susceptible to: ciprofloxacin, doxycycline, chloramphenicol, clindamycin, tetracycline, rifampin, vancomycin, penicillin, and amoxicillin.
  - ♦ Ceftriaxone demonstrated intermediate resistance
  - ♦ Cephalosporinase identified and possibly penicillinase

<sup>7</sup>MMWR, 50 (42); October 26, 2001, CDC Health Advisory, October 22, 2001

### **Vaccination<sup>8</sup>**

- Anthrax vaccine is not available at this time for post-exposure prophylaxis.
- Anthrax vaccine is only available to military personnel and those at occupational risk.

<sup>8</sup>Anthrax information for Healthcare Providers: Washington State Department of Health and CDC, May 11, 2001.

### **Decontamination<sup>9</sup>**

- Patients
  - ♦ Showering/washing hands with soap and water only. **Do not apply bleach.**
- Spills/powders on environmental surfaces
  - ♦ 1:10 household bleach/water solution (approx 2 cups bleach/gallon water).
  - ♦ Contact time should be at least **10 minutes**.

<sup>9</sup>Guidelines for State Health Departments, October 12, 2001

### **Websites**

- ND Department of Health Bioterrorism/Health Alert Network Website
  - ♦ <http://www.health.state.nd.us/healthalert>
- Centers for Disease Control and Prevention Bioterrorism Website
  - ♦ <http://www.bt.cdc.gov>
- Morbidity and Mortality Weekly Report
  - ♦ <http://www.cdc.gov/mmwr/indexbt.html>